



Liquor Control Board
Licensing and Regulation
PO Box 43098
Olympia WA 98504-3098
Phone: (360) 664-1600
Fax: (360) 753-2710

Tied House Statement – Non-retail Affidavit of No Monetary Contribution to Business

Trade Name _____ License No. _____

- I am affiliated with the above business making application for a liquor license. I have made no monetary contribution toward this transaction.
- I understand under the provisions of RCW 66.28.010, I shall have no financial interest, directly or indirectly, in any retailer of alcoholic beverages in Washington State.
- I understand the restriction of RCW 66.28.010 remains in effect as long as I am a party of interest in an importer, manufacturer, bonded warehouse, supplier, ships chandler or distributor, etc. of alcoholic beverages.

By signing this form I acknowledge my understanding of the above and any violation of this statement is cause for denial of a license or revocation of any liquor licenses currently held.

Print Name

Signature of partner, officer, stockholder, LLC
member or manager

Date